

# Seventh Annual Gastroenterology Symposium

6 March 1998

Course Directors:

Maj. Gavin S. Young, Chairman, WHMC Gastroenterology

Maj. Gregory Owens

Capt. Eric Lawitz

**Course Text**

**View Pathways**



# **Seventh Annual Gastroenterology Symposium**

## **WHMC Clinical Pathways**

**GERD**

**Dyspepsia**

**Peptic Ulcer Disease & H. pylori**

**Colon Cancer Screening**

**Outpatient GI Bleeding**

**Abnormal Liver Function Tests**

**Irritable Bowel Syndrome**

**Inflammatory Bowel Disease**

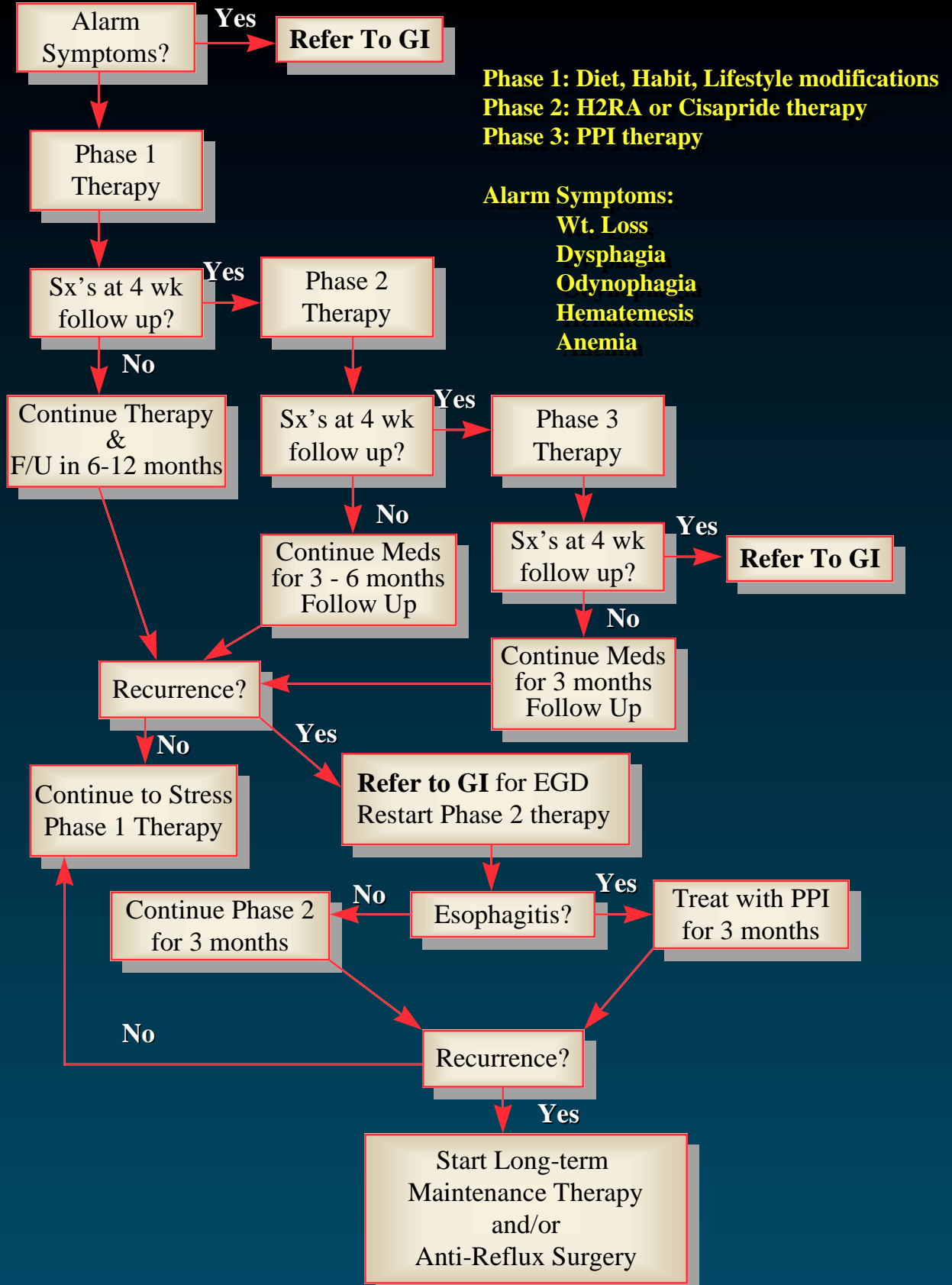


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## GERD

*Maj. Ronald Szykowski*



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GERD

Dyspepsia

PUD and H. pylori

Colon Cancer Screening

Outpatient Bleeding

Abnormal LFT's

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## Dyspepsia

*Maj. Gavin S. Young*





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## PUD & H. pylori

*Maj. Gavin S. Young*

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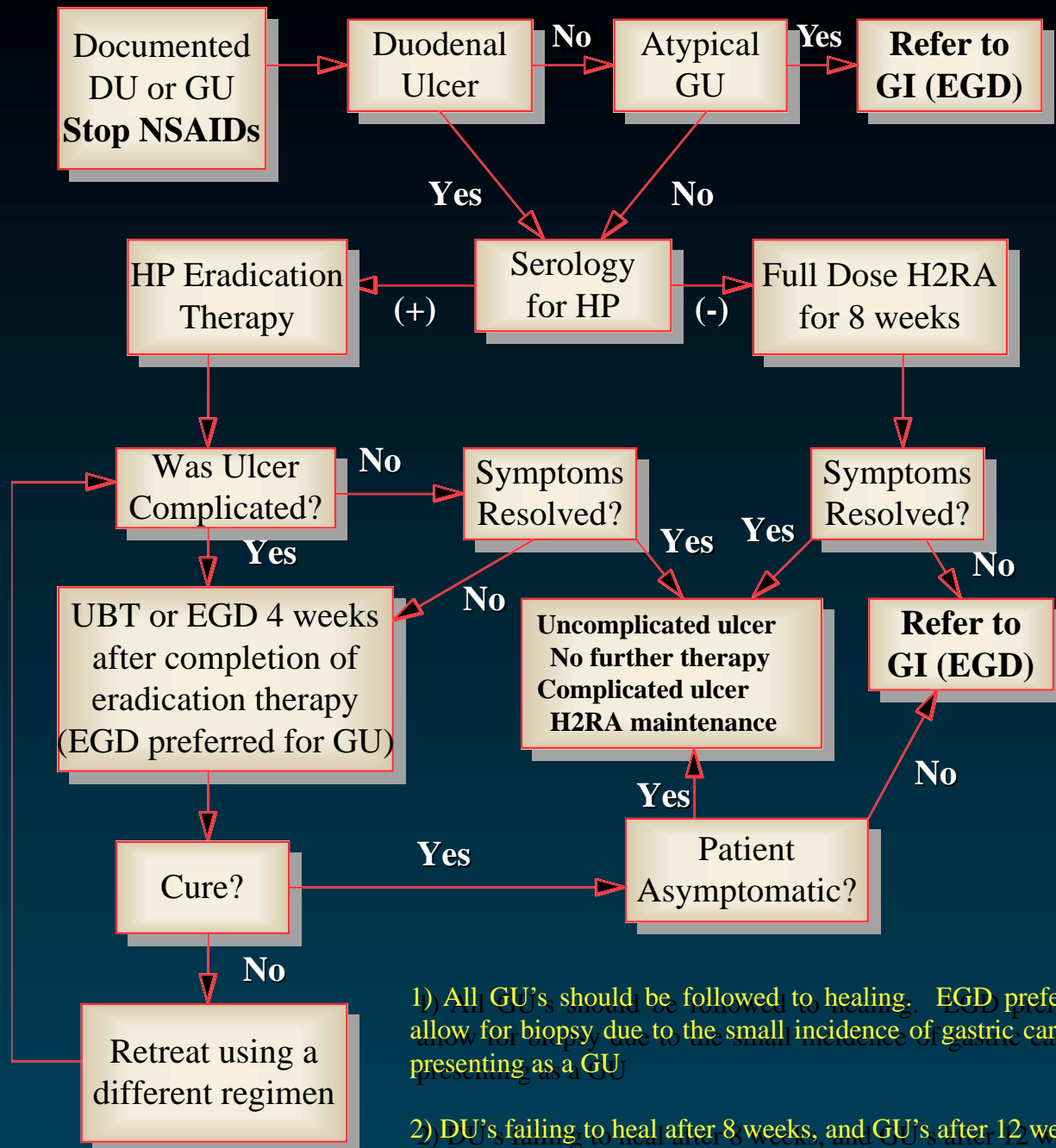
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1) All GU's should be followed to healing. EGD preferred to allow for biopsy due to the small incidence of gastric carcinoma presenting as a GU

2) DU's failing to heal after 8 weeks, and GU's after 12 weeks are considered refractory and should be treated with a proton pump inhibitor (omeprazole, lansoprazole, etc). EGD should be considered for refractory ulcers.



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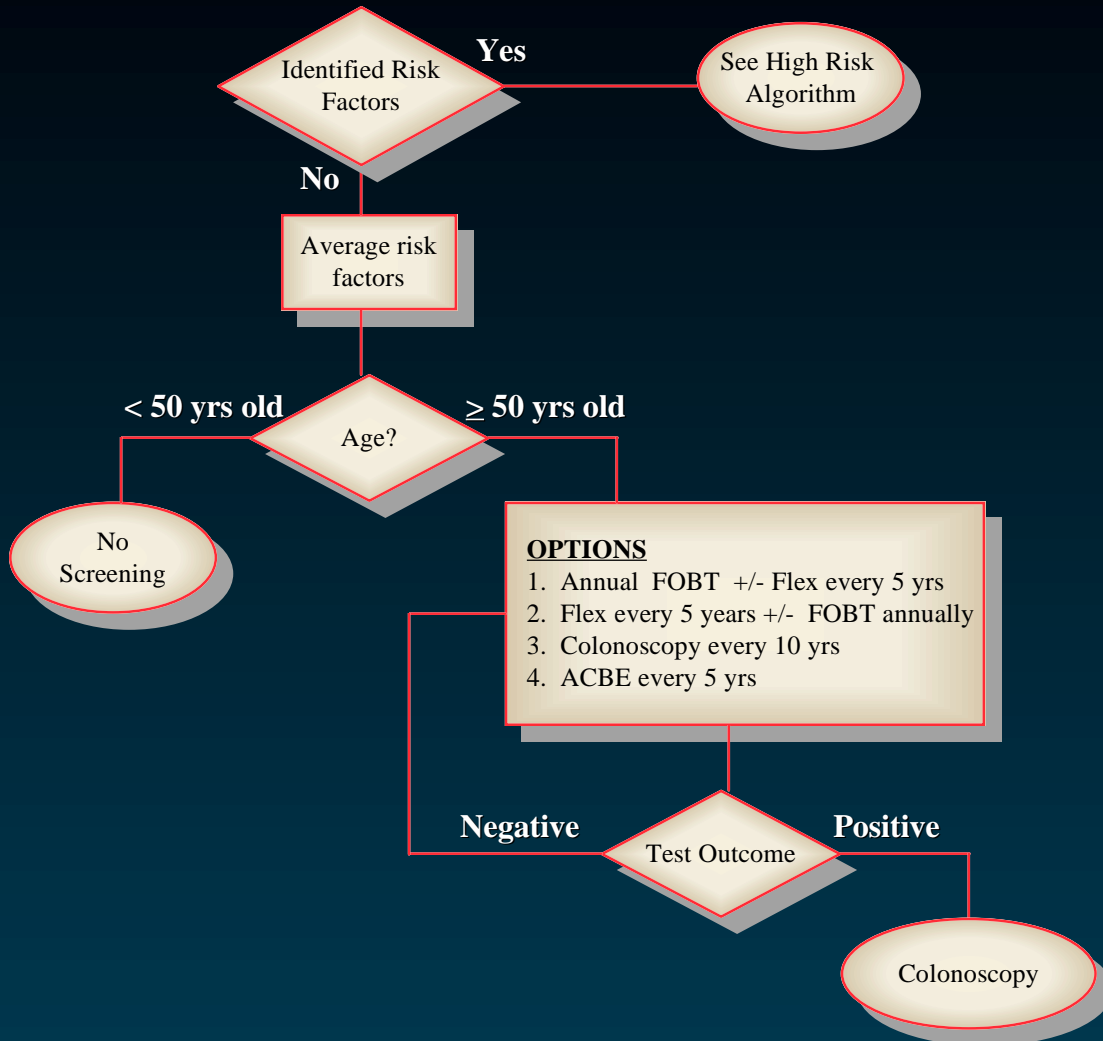
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## Colon Cancer Screening

*Maj. Donald Weller*

### RISK FACTORS

1. Personal history of adenomatous polyps, CRC, IBD.
- OR
2. Family History of CRC, FAP, adenomatous polyps.



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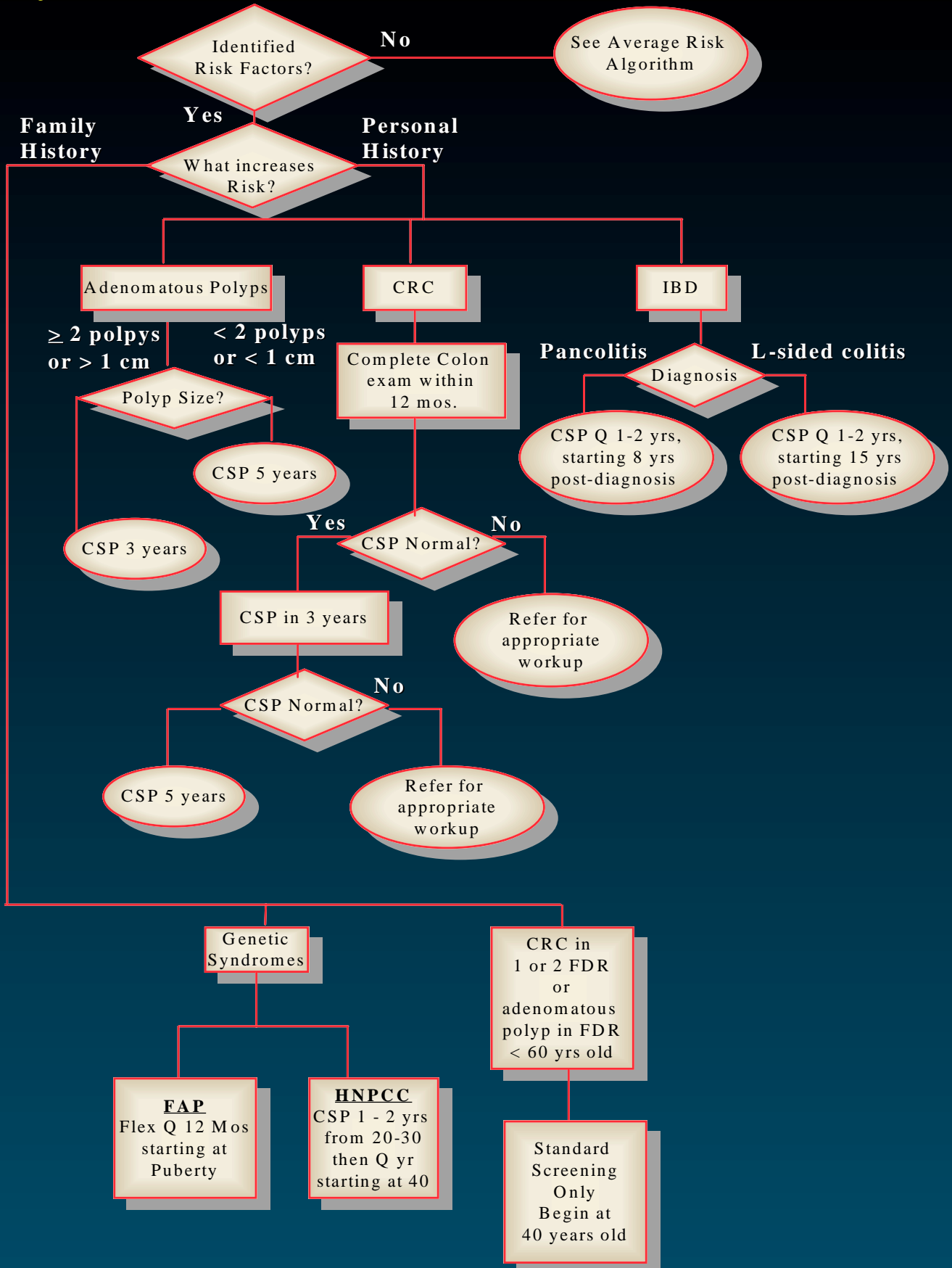


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## Colon Cancer Screening-High Risk

*Maj. Donald Weller*



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## Outpatient GI Bleeding

*Maj. Terry Baldwin*

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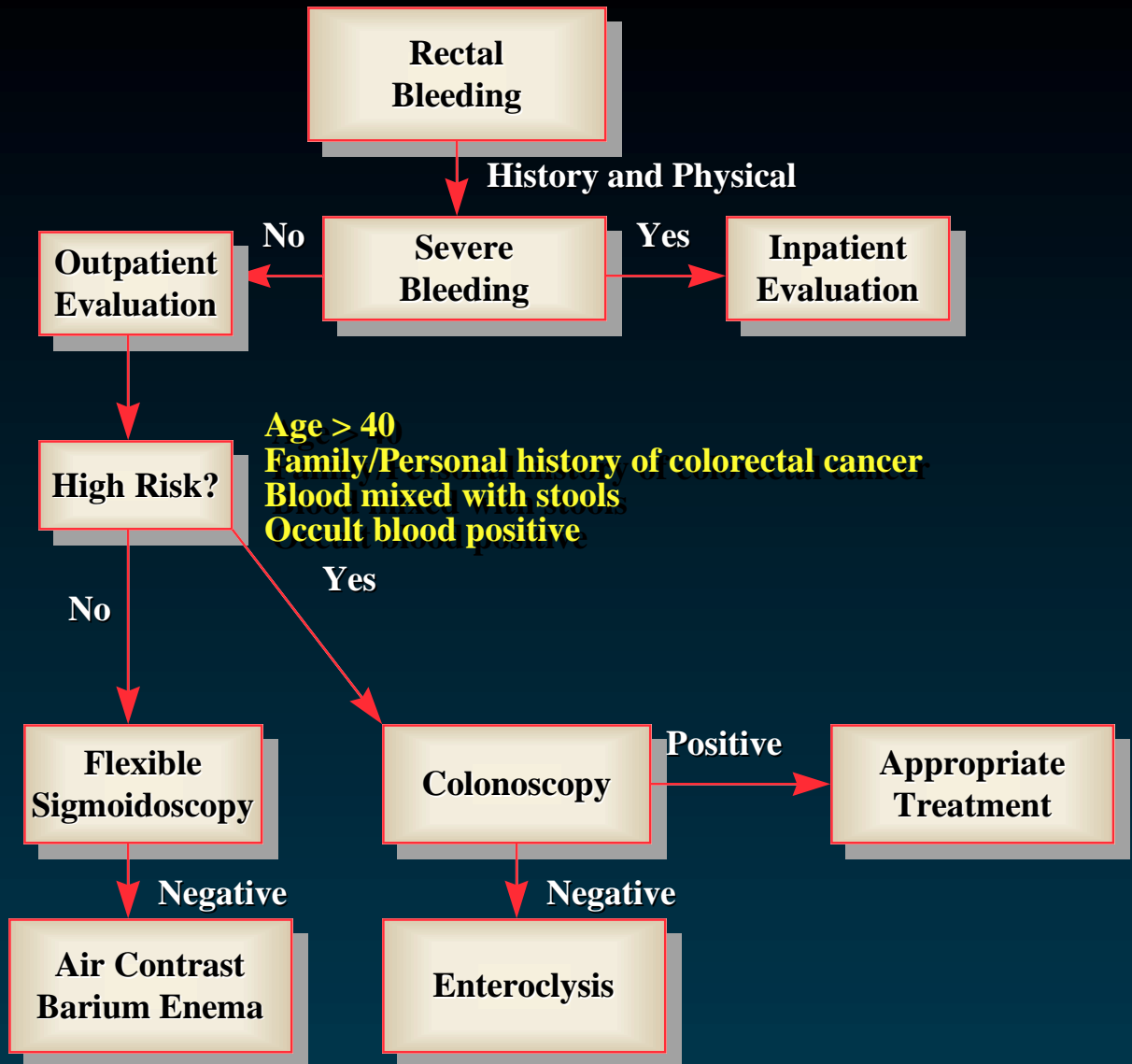
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### Diagnostic Algorithm for Rectal Bleeding

(from Greene HL, Johnson WP, Maricic MJ: Decision making in medicine, St. Louis, 1993, Mosby)



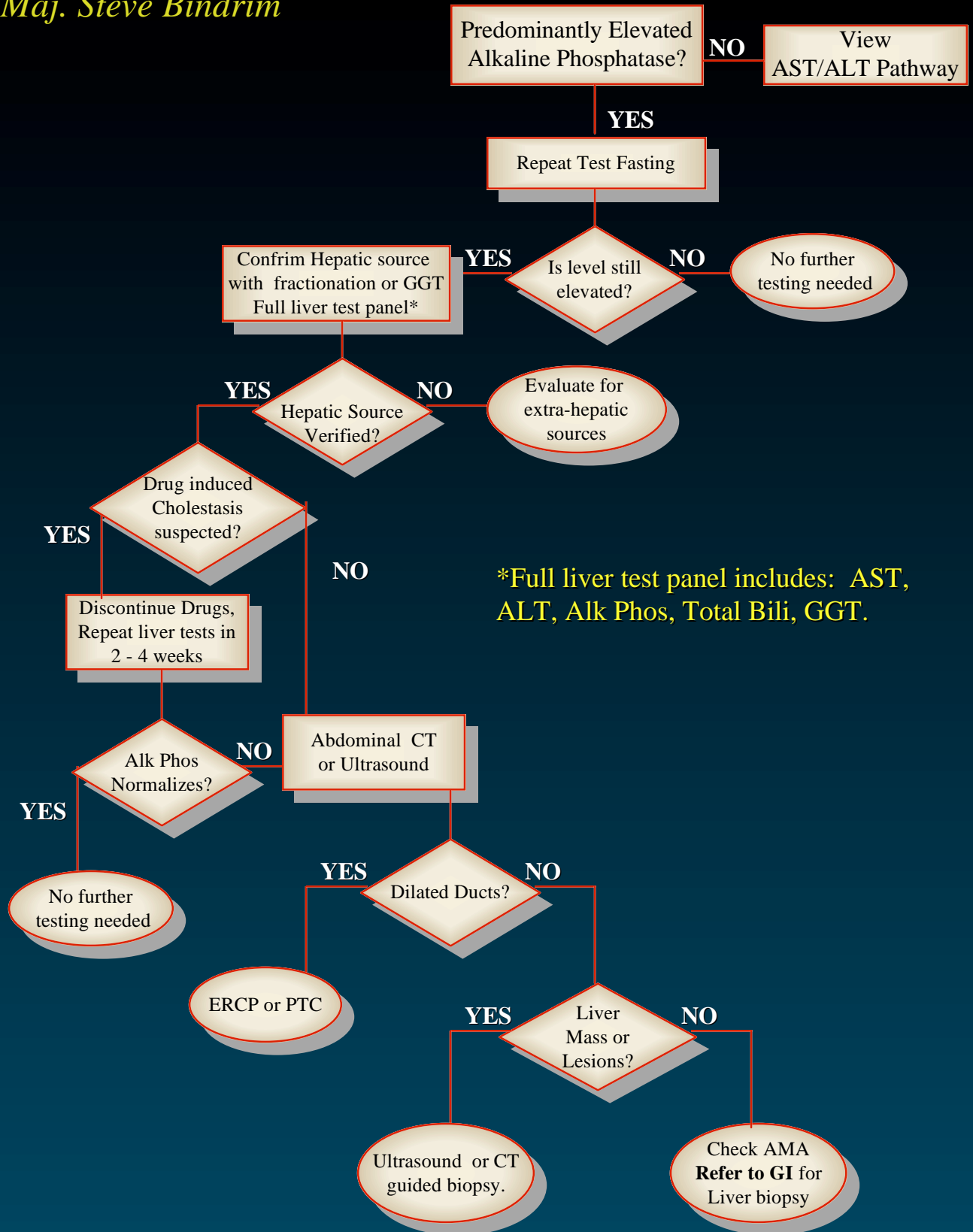


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## Abnormal Liver Function Tests-Alk. Phos.

*Maj. Steve Bindrim*



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AST, ALT, Alk Phos, Total Bili,  
GGT.



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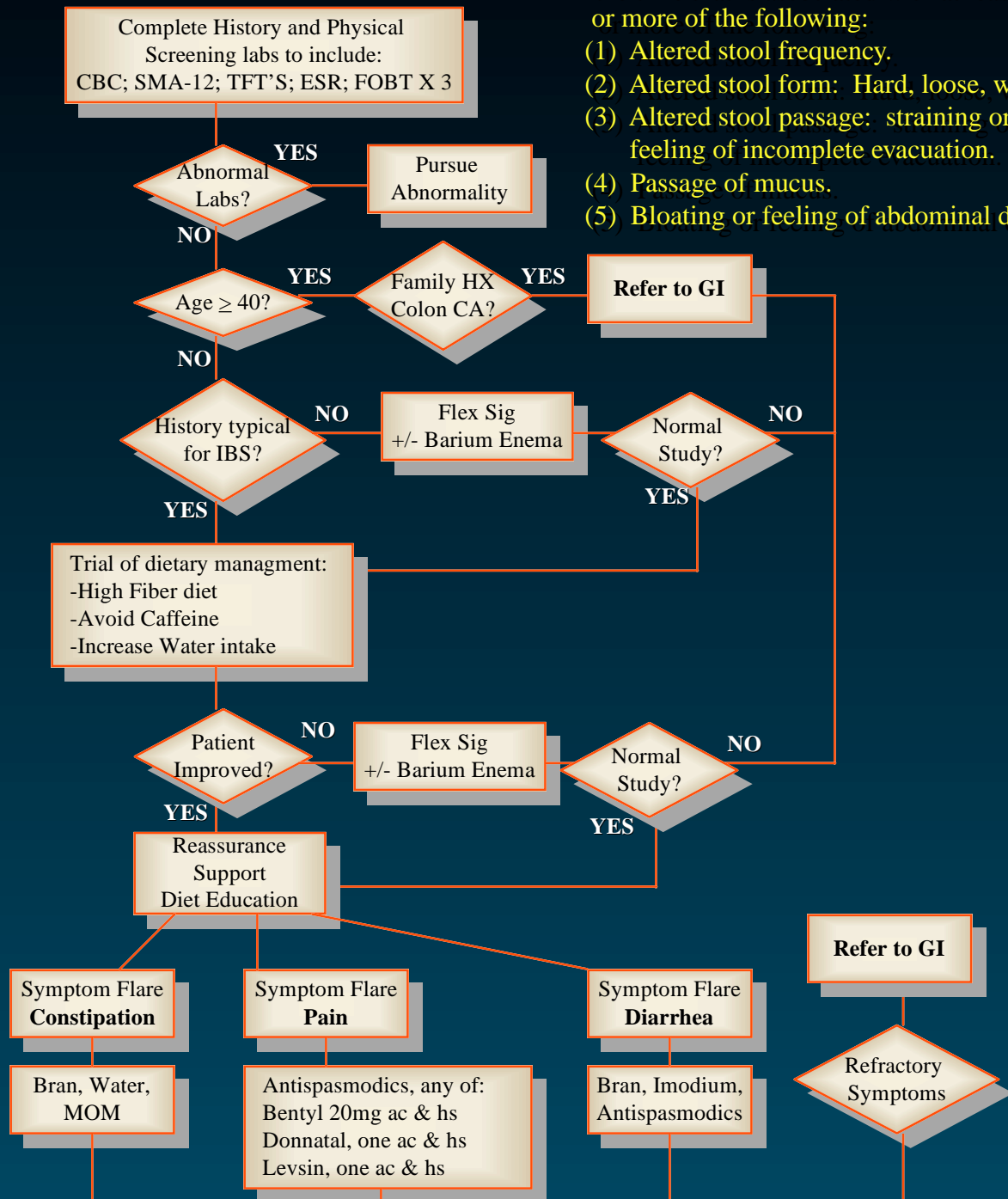
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## Irritable Bowel Syndrome

*Maj. Stephen Schutz*

### Definition of IBS:

- At least 3 months of the following symptoms:
  - Abdominal pain or discomfort, relieved with defecation or associated with a change in frequency or consistency of stool.
  - An irregular pattern of defecation at least 25% of the time that is associated with at least two or more of the following:
    - Altered stool frequency.
    - Altered stool form: Hard, loose, watery.
    - Altered stool passage: straining or urgency or feeling of incomplete evacuation.
    - Passage of mucus.
    - Bloating or feeling of abdominal distention.



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## Inflammatory Bowel Disease--Ulcerative Colitis

*Maj. Kevin Lang*

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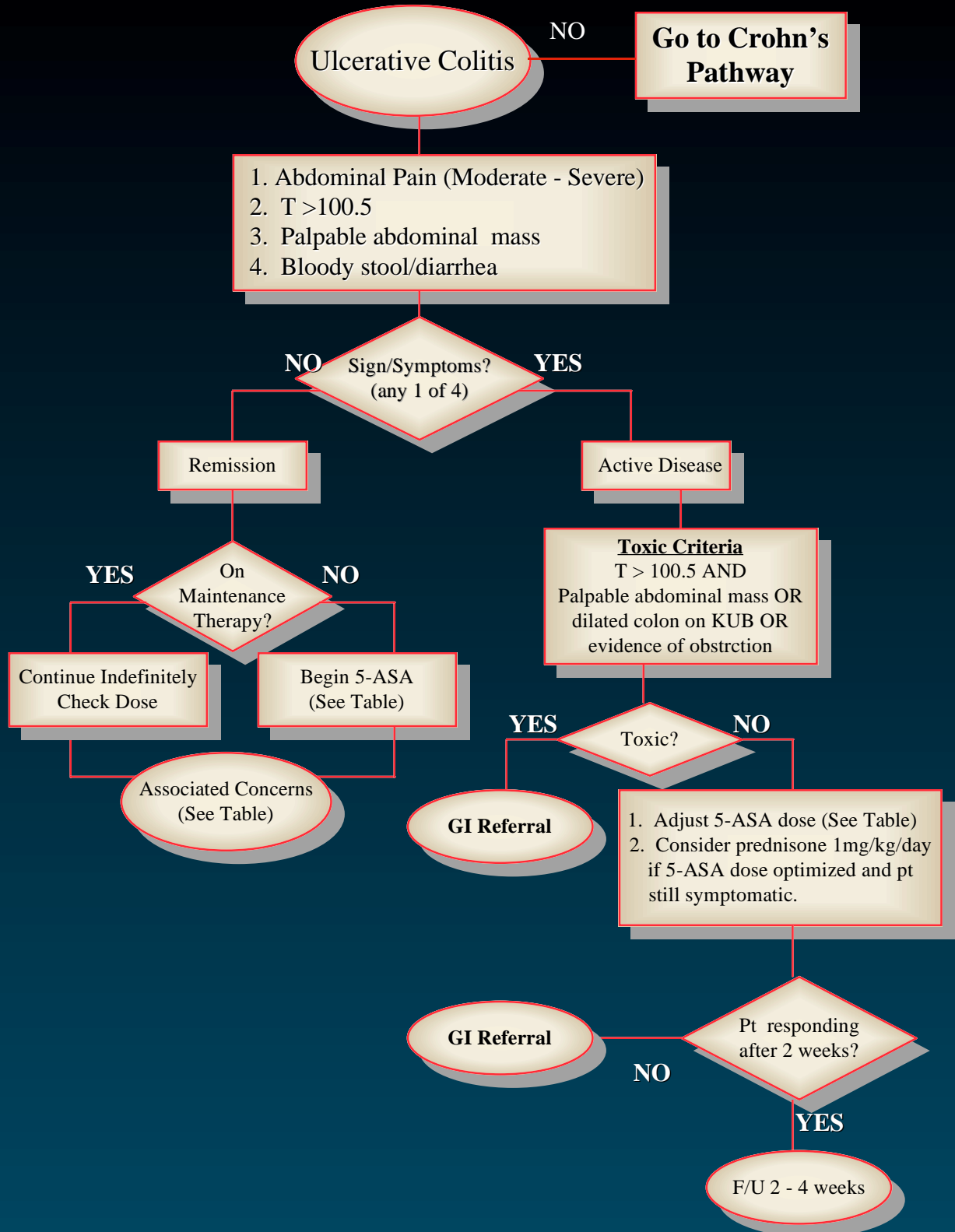
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## Inflammatory Bowel Disease--Crohn's Disease

*Maj. Kevin Lang*

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